

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/5 06469

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				
3		1				
4		1				
5	1					
6	1					
7		2				
8		2				
9		2				
10		①				
11			1		1	
12				1		1
13				1		1
14				1		1
15			1		1	
16				2		2
17				2		2
18				2		2
19				2		2
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TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	12	←	9	←
TOTAL CLAIMS			15		12	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						